



Please use a plus sign (+) inside this box → ☐

2812/14
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/838,126	
	Filing Date	Apr 20, 2001	
	First Named Inventor	Trost, David	
	Group Art Unit	2812	
	Examiner Name	Christopher W. Lattin	
Total Number of Pages in This Submission		Attorney Docket Number	5524/ESI-00-12

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Receipt Postcard to Applied Materials, Inc. 2. Return Receipt Postcard to Kenneth C. Brooks
Remarks		

RECEIVED
JUN 5 2003
TECHNICAL CENTER 2800

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Office of Kenneth C. Brooks Kenneth C. Brooks
Signature	<i>Kenneth C. Brooks</i>
Date	5/27/03

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 05.27.03	
Type or printed name	Jennifer Shaw
Signature	<i>Jennifer Shaw</i>
Date	05.27.03

Burden Hour Statement: This form is estimated to take 12 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.



<h1>FEE TRANSMITTAL</h1> <h2>for FY 2001</h2> <p>Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	09/838,126
		Filing Date	4/20/2001
		First Named Inventor	Trost
		Examiner Name	Christopher Lattin
		Group Art Unit	2812
TOTAL AMOUNT OF PAYMENT	(\$) 930.00	Attorney Docket No.	5524/ESI-00-12

METHOD OF PAYMENT		FEE CALCULATION (continued)				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 500345 Deposit Account Name: Kenneth C. Brooks <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES				
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
FEE CALCULATION		105	130	205	65	Surcharge - late filing fee or oath
1. BASIC FILING FEE		127	50	227	25	Surcharge - late provisional filing fee or cover sheet
Large Entity Fee Code	Small Entity Fee Code	139	130	139	130	Non-English specification
Fee (\$)	Fee (\$)	147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination
Fee Description	Fee Paid	112	920*	112	920*	Requesting publication of SIR prior to Examiner action
101 710 201 355 Utility filing fee		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
106 320 206 160 Design filing fee		115	110	215	55	Extension for reply within first month
107 490 207 245 Plant filing fee		116	390	216	195	Extension for reply within second month
108 710 208 355 Reissue filing fee		117	890	217	445	Extension for reply within third month
114 150 214 75 Provisional filing fee		118	1,390	218	695	Extension for reply within fourth month
SUBTOTAL (1) (\$)		128	1,890	228	945	Extension for reply within fifth month
2. EXTRA CLAIM FEES		119	310	219	155	Notice of Appeal
Total Claims	Extra Claims	120	310	220	155	Filing a brief in support of an appeal
Independent Claims	-20**=	121	270	221	135	Request for oral hearing
Multiple Dependent Claims	-3**=	138	1,510	138	1,510	Petition to institute a public use proceeding
Fee from below		140	110	240	55	Petition to revive - unavoidable
Fee Paid		141	1,240	241	620	Petition to revive - unintentional
Large Entity Fee Code	Small Entity Fee Code	142	1,240	242	620	Utility issue fee (or reissue)
Fee (\$)	Fee (\$)	143	440	243	220	Design issue fee
Fee Description	Fee Paid	144	600	244	300	Plant issue fee
103 18 203 9 Claims in excess of 20		122	130	122	130	Petitions to the Commissioner
102 80 202 40 Independent claims in excess of 3		123	50	123	50	Processing fee under 37 CFR 1.17(q)
104 270 204 135 Multiple dependent claim, if not paid		126	180	126	180	Submission of Information Disclosure Stmt
109 80 209 40 **Reissue independent claims over original patent		581	40	581	40	Recording each patent assignment per property (times number of properties)
110 18 210 9 **Reissue claims in excess of 20 and over original patent		146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))
SUBTOTAL (2) (\$)		149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))
179 710 279 355 Request for Continued Examination (RCE)		169	900	169	900	Request for expedited examination of a design application
Other fee (specify)		SUBTOTAL (3) (\$) 930.00				

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kenneth C. Brooks	Registration No. (Attorney/Agent)	38393
Signature	<i>Kenneth C. Brooks</i>	Telephone	512 527-0104
		Date	5/27/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant commissioner for Patents, Washington, DC 20231.